

Office of Child Support Hearings
Department of the Attorney General
State of Hawaii
601 Kamokila Blvd., Suite 436
Kapolei, HI 96707
Phone: 808-692-7110; Fax 808-692-7114

ADMINISTRATIVE HEARING INTERPRETER FORM

If you want someone to interpret for you at your administrative hearing, please complete this form as soon as possible and return it by fax to **808-692-7114**, or mail to **OCSH, 601 Kamokila Blvd., Suite 436, Kapolei, HI, 96707**.

YOUR NAME: _____

I AM THE: []Responsible Parent []Custodial Parent []Other_____

RESPONSIBLE PARENT'S NAME: _____

CSEA CASE NO.: _____

YOUR ADDRESS: _____

YOUR TELEPHONE NUMBER: _____

TYPE OF INTERPRETER YOU NEED: _____

ADDITONAL COMMENTS:

Your signature

Date